

TRICARE®

Your Military Health Plan

TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members

Updated October 2015





Today's Agenda

- What Is TRICARE?
- TRICARE Program Coverage
- TRICARE Benefit Information
- Other Important Information
- For Information and Assistance
 - To learn more about your TRICARE options, visit www.tricare.mil.
 - You can receive TRICARE news and publications by e-mail.
 Sign up at www.tricare.mil/subscriptions.
 - To sign up for benefits correspondence by e-mail, visit http://milconnect.dmdc.mil.





What Is TRICARE?

- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers





The Affordable Care Act

- The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act (ACA).
- For tax year 2015, you will receive an Internal Revenue Service (IRS) Form 1095 from the pay center that services your military, annuity, or pension pay. It will list your TRICARE coverage for each month in 2015.
 - If your military pay is administered by the Defense Finance and Accounting Service (DFAS), you can opt in to receive your 2015 IRS tax forms electronically.
- Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately.

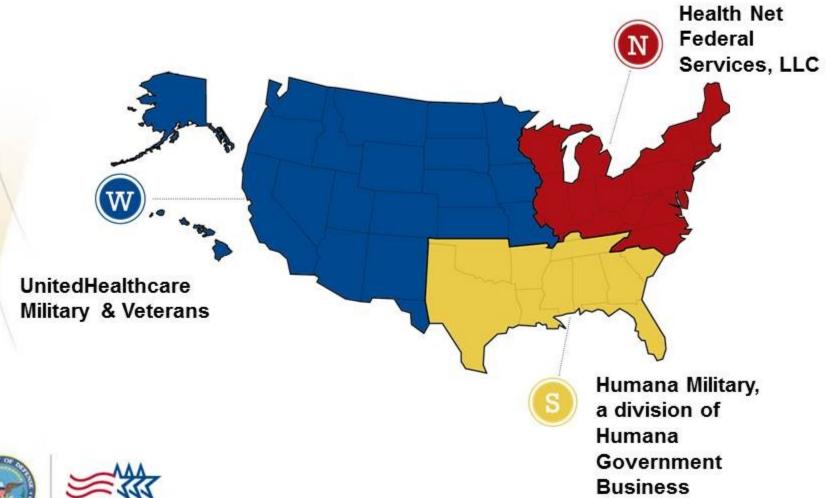




What Is TRICARE?

TRICARE Stateside Regions

TRICARE is available worldwide and managed regionally.







What is TRICARE?

TRICARE Overseas Program

TOP is managed through three geographic areas.



Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

Asia, Australia, Guam, India, Japan, New Zealand, South Korea, and Western Pacific remote countries





TRICARE Eligibility

Keep Your DEERS Information Up To Date



Visit a uniformed services identification (ID) card-issuing facility

(find a facility at www.dmdc.osd.mil/rsl)

Note: Military sponsors must use this option to add family members in DEERS.



Log on to

http://milconnect.dmdc.osd.mil



Call 1-800-538-9552

Fax 1-831-655-8317





TRICARE Eligibility Beneficiary Categories

- Active duty service members (ADSMs)
- Active duty family members (ADFMs)
- Retired service members (including Retired Reserve members) and their family members
- National Guard and Reserve members and their family members
- Medal of Honor recipients and their family members, survivors, and eligible former spouses

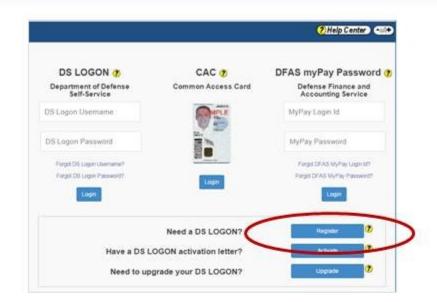






Self-Service Options Online DS Logon

- Available to those without a CAC or DFAS myPay PIN (such as family members)
- Allows access to secure health care information
- Sponsors can obtain
 DS Logons for themselves
 and their family members by:

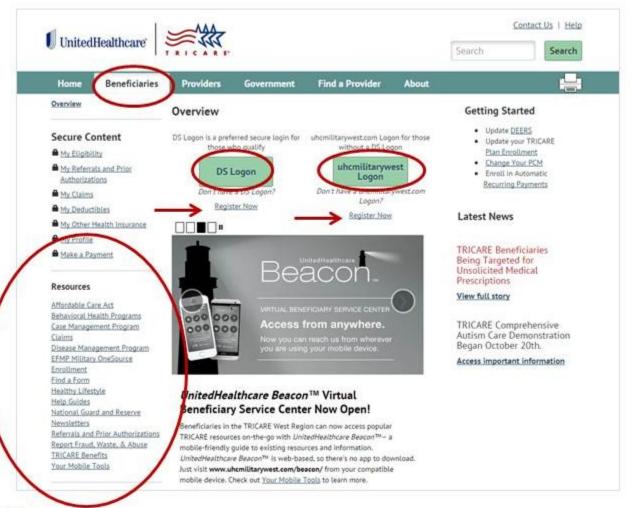


- Logging on to https://myaccess.dmdc.osd.mil
- Visiting a U.S. Department of Veterans Affairs (VA) Regional Office





TRICARE West Region—www.uhcmilitarywest.com







TRICARE North Region—www.hnfs.com

Self-Service Tools

Save time by completing common TRICARE-related tasks online. From enrolling to checking claim status, we encourage you to use the self-service options available at www.hnfs.com and the PGBA, LLC website, www.myTRICARE.com. Health Net Federal Services, LLC contracts with PGBA for claims processing and claims customer service.



Self-service tools at www.hnfs.com:

- > Find a provider
- Enroll (Online enrollment not available for all TRICARE plans.)
- > Check TRICARE eligibility
- Check Authorization and Referral Status (Requires DS Logon)
- > Check Claim Status (Requires DS Logon)
- > Change your primary care manager
- Access TRICARE enrollment cards
- Start, stop or change your monthly premium payment
- > Request auto-authorization alerts
- Set up website preferences under My Account

A DoD Self-Service Logon (DS Logon) is required to access certain features at www.hnfs.com. Visit DMDC's My Access Center for instructions on how to generate a DS Logon from the DMDC site.

Log in at www.hnfs.com



Self-service tools at www.myTRICARE.com:

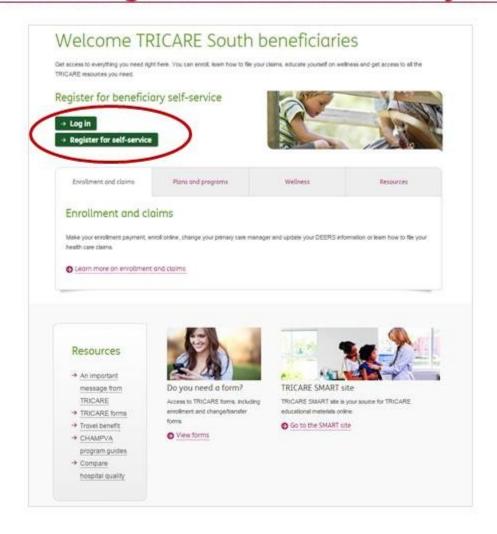
- > Check the status of your TRICARE claims.
- Check your maximum out-of-pocket expenses and other health insurance (OHI) status.
- Check referral and authorization status.
- View and print your TRICARE Explanation of Benefits.
- > Make online enrollment payments.
- View an annual summary of your TRICARE benefits.
- Send confidential, secure email through AskUs and receive a quick response.

Log in/register at www.myTRICARE.com





TRICARE South Region—HumanaMilitary.com







TRICARE Program Options TRICARE Health Plans

Beneficiary Type	TRICARE Health Plan Options		
Active duty service members (ADSMs)	TRICARE Prime TRICARE Prime Remote		
Active duty family members (ADFMs)	TRICARE Prime TRICARE Prime Remote TRICARE Standard and TRICARE Extra TRICARE For Life (TFL) US Family Health Plan (USFHP) TRICARE Young Adult (TYA)		
Retired service members and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses	TRICARE Prime TRICARE Standard and TRICARE Extra TFL USFHP TYA		
National Guard and Reserve members and their family members	TRICARE Reserve Select TRICARE Retired Reserve TYA		





TRICARE Program Options TRICARE Health Plans

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Retired service members and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses	 TRICARE Prime TRICARE Standard and TRICARE Extra TFL USFHP TYA
National Guard and Reserve members and their family members	TRICARE Reserve Select TRICARE Retired Reserve TYA





TRICARE Program Options TRICARE Standard® and TRICARE Extra

- Enrollment not required
- Freedom to choose providers
- No referrals required
- Annual deductible and cost-shares apply
- Some services require prior authorization
- May have to file your own claims







TRICARE Program Options TRICARE Prime®

- Available in specific geographic areas
- Enrollment required
- Primary care manager (PCM) provides most care
- No claims filing
- Priority access at military hospitals and clinics







TRICARE Program Options TRICARE Prime (continued)

- Referrals required for specialty care
- Military hospitals and clinics first option for care
- Lowest out-of-pocket costs
- Portable coverage





TRICARE Program Options TRICARE Prime Remote

- Available in remote locations
- Must meet eligibility requirements
- Enrollment required
- PCM provides most care
- Coordinated care
- No claims filing with network providers
- Lowest out-of-pocket costs







TRICARE Program Coverage TRICARE Prime Remote Options

- TRICARE Prime Remote (TPR) is similar to TRICARE Prime, but is available to ADSMs living and working in remote locations.
- TRICARE Prime Remote for Active Duty Family Members
 (TPRADFM) is available to eligible active duty family members,
 including survivors, who live at the TPR-enrolled sponsor's address.
- Enrollment is required and beneficiaries receive care from TRICARE network providers (or a TRICARE-authorized provider if a network provider is unavailable).
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TPR or TPRADFM.





TRICARE Program Coverage Eligibility

You may be eligible for TPR or TPRADFM if you are:

- An ADSM who lives and works more than 50 miles (or an hour's drive time) from a military hospital or clinic
- An ADFM who lives with a TPR-enrolled sponsor, or a transitional survivor
- A National Guard and Reserve member called or ordered to active service for more than 30 consecutive days who lives and works in a TPR-qualifying location
- A family member of a National Guard or Reserve sponsor who is called or ordered to active service for more than 30 consecutive days and who lives with a TPR-enrolled sponsor at the time of activation





TRICARE Program Coverage Enrollment

- Complete and submit a TRICARE Prime Enrollment,
 Disenrollment, and Primary Care Manager (PCM) Change Form
 (DD Form 2876) available at www.tricare.mil/forms.
- For ADSMs, coverage is effective on the day the form is received by the regional contractor. ADSMs must enroll in TPR, if eligible.
- For ADFMs, the 20th-of-the-month rule applies.
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TPR or TPRADFM. For cost information, visit www.tricare.mil/costs.





Primary Care Manager

- TPR and TPRADFM enrollees will receive most care from a primary care manager (PCM).
- Your PCM will:
 - Provide preventive services and care for routine illnesses or injuries
 - Coordinate access to urgent care
 - Manage referrals to specialists or hospitals, if needed
- If more than one network PCM is available, you may choose the PCM you prefer.
- If no network PCM is available, you may use a TRICAREauthorized provider.





TRICARE Program Coverage Routine Care

- Routine care includes general office visits for the treatment of symptoms, chronic or acute illnesses and diseases, and follow-up care for an ongoing medical condition.
- Routine care also includes preventive care services to help keep you healthy. You will receive most of your routine or primary care from your PCM.
- Visit www.tricare.mil/coveredservices for more information.

Note: ADSMs always require referrals for any civilian care, including clinical preventive services, mental health care, and specialty care (except for emergency services).





TRICARE Program Coverage Specialty Care

- PCMs coordinate care with the regional contractor.
- For ADSMs, the regional contractor refers all specialty care requests to the Reserve and Service Member Support Office, Great Lakes (R&SMSO), which reviews the request and assesses if the ADSM needs a fitness-for-duty determination.
- For more information, contact the R&SMSO at 1-888-647-6676.
- Specialty care referrals for TPRADFM are managed by the regional contractor, not the R&SMSO.
- When referred for specialty care more than 100 miles from your PCM's office, you may be eligible for travel reimbursement.





TRICARE Program Coverage Emergency and Urgent Care

- In an emergency, call 911 or go to the nearest emergency room.
 - Your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.
- Urgent care must be coordinated with your PCM and/or provider.
 - If not, POS fees will apply.





Aeromedical Evacuations

- Aeromedical evacuations (air evacuations) are only approved when medically necessary and appropriate.
- For ADSMs or ADFMs enrolled in TOP Prime or TOP Prime Remote, contact your TOP Regional Call Center for assistance coordinating air evacuations.
- Air evacuations for those not enrolled in a TOP Prime option are not provided as cashless/claimless services.
- For more information about air evacuations overseas, contact your TOP Regional Call Center.





TRICARE Program Coverage Point-of-Service Option for Family Members

 The TRICARE point-of-service (POS) option gives you the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without a PCM referral.

Charges	Individual	Family	
POS deductible per fiscal year (FY) (October 1-September 30) for outpatient care only	\$300	\$600	
POS cost-share for outpatient care	50% of TRICARE-allowable charge after annual POS deductible is met		
POS cost-share for inpatient care	50% of TRICARE-allowable charge after annual POS deductible is met		
Any additional charges by nonparticipating providers	The beneficiary is responsible for payment. Nonparticipating providers in the United States can charge up to 15% above the TRICARE-allowable charge for services.		





Maternity Care What Is Covered?

- Medically necessary maternity care:
 - Obstetric visits
 - Fetal ultrasounds
 - Hospitalization
 - Anesthesia
 - Cesarean sections
 - Management of high-risk or complicated pregnancies
 - Deliveries at TRICARE-certified/authorized birthing centers
- Breast pumps, breast pump supplies, and breast-feeding counseling are also covered.







Maternity Care What Is Not Covered?

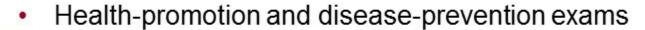
- Services not covered by TRICARE:
 - Fetal ultrasounds that are not medically necessary
 - Services and supplies related to noncoital reproductive procedures
 - Management of uterine contractions with drugs that are not approved for that use
 - Home uterine-activity monitoring and related services
 - Private hospital rooms
 - Unproven procedures
 - Umbilical cord collection and storage





Well-Child Care What Is Covered?

- Circumcision
- Routine newborn care



- Vision and hearing screenings
- Height, weight, and head circumference measurements
- Routine vaccines
- Developmental and behavioral appraisals







TRICARE Program Coverage Mental Health Care Services

- ADSMs must have a referral and prior authorization for all mental health care.
- Family members may obtain the first eight mental health outpatient visits to a network provider for a medically diagnosed and covered condition per fiscal year (October 1—September 30) without a PCM referral or prior authorization from your regional contractor.
 - After the first eight visits (ninth and beyond), prior authorization from your regional contactor is required.
- Inpatient care always requires prior authorization, except in an emergency.





Exceptional Family Member Program What Is EFMP?

- Considers your family member's needs during duty assignment
- Provides family support services
- Each service branch has its own EFMP enrollment process
- For more information:
 - Visit www.militaryonesource.mil/efmp
 - Find your service branch's EFMP representative at www.militaryinstallations.dod.mil





Extended Care Health Option ECHO Eligibility

- ECHO is available to the following beneficiaries with qualifying conditions:
 - ADFMs (including family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days)
 - Family members who qualify for continued coverage under the Transitional Assistance Management Program (TAMP)
 - Children or spouses of former service members who were victims of physical or emotional abuse
 - Transitional survivors





Extended Care Health Option ECHO Qualifying Conditions

- Conditions to qualify for ECHO coverage may include, but are not limited to:
 - Moderate or severe intellectual disability
 - Serious physical disability
 - Serious qualifying psychological conditions
 - A condition causing the beneficiary to be homebound
 - A diagnosis of a neuromuscular developmental condition in an infant or toddler
 - Multiple disabilities affecting separate body systems





Extended Care Health Option ECHO Benefits

- ECHO provides benefits, such as:
 - Assistive services
 - Durable equipment
 - ECHO Home Health Care (EHHC)
 - Rehabilitative services
 - Respite care
 - Training to use special education and assistive technology devices
 - Institutional care
 - Medical transportation in certain circumstances





TRICARE Program Options TRICARE Young Adult

- Qualified young adult dependents until reaching age 26
- TRICARE Prime and TRICARE Standard options
- No dental coverage
- Monthly premiums







TRICARE Program Coverage TRICARE Young Adult (TYA)

- You may generally purchase TYA coverage if you are all of the following:
 - A dependent of a TRICARE-eligible uniformed service sponsor
 - Unmarried
 - At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided at least 50 percent of the financial support), but have not yet reached age 26
- You may **not** purchase TYA coverage if you are eligible to enroll in an employer-sponsored health plan as defined in TYA regulations, otherwise eligible for TRICARE program coverage, or married.

For more information, visit www.tricare.mil/tya.





TRICARE Program Options TRICARE Pharmacy Program

Pharmacy Option	Formulary Drugs		Non Formulan/ Druge	
	Generic	Brand Name	Non-Formulary Drugs	
Military Pharmacy (up to a 90-day supply)	\$0	\$0	Not available	
TRICARE Pharmacy Home Delivery (up to a 90-day supply)	\$0	\$20	\$49	
TRICARE Retail Network Pharmacy (up to a 30-day supply)	\$1 0	\$2 4	\$50	





TRICARE Program Options TRICARE Pharmacy Program (continued)

Pharmacy Option	Formula	ry Drugs	Non-Formulary Drugs	
	Generic	Brand Name		
Non-Network Pharmacy (up to a 30-day supply)	TRICARE Pri 50% cost-sha after point-of- deductible is r	re applies service (POS)	TRICARE Prime options: 50% cost-share applies after POS deductible is me	
	All other beneficiaries: \$2 or 20% of the total 4 , whichever is greater, after the annual deductible is met		All other beneficiaries: \$5 or 20% of the total 0 , whichever is greater, after the annual deductible is met	





Other Important Information

Annual Catastrophic Cap

- Limits the amount of out-of-pocket expenses a family will pay for TRICARE-covered medical services
- Applies to all covered services, including annual deductibles, pharmacy copayments, TRICARE Prime enrollment fees, and other cost-shares, based on TRICARE-allowable charges
- \$1,000 total for ADFMs and TRS beneficiaries
- \$3,000 per family for all other beneficiaries
- TRICARE pays beneficiaries' portion of the TRICARE-allowable amount for all covered services for the rest of the fiscal year when catastrophic cap is met
- Point-of-service (POS) charges and additional non-network provider charges not counted toward cap





Benefit Information

Dental Program Options

- Active Duty Dental Program (ADDP)
 - Available to ADSMs
 - Administered by United Concordia Companies, Inc.
 - Care is received through military dentist referrals for civilian dental care
 - For more information, visit www.addp-ucci.com.
- TRICARE Dental Program (TDP)
 - Available to qualifying ADFMs, National Guard and Reserve members and their families, and survivors
 - Administered by MetLife
 - For more information, visit www.metlife.com/tricare.





Active Duty Dental Program (ADDP)

- There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization (for example, orthodontics, crowns), active duty service members may be responsible for the cost of care if they do not obtain prior authorization from the ADDP contractor, United Concordia Companies, Inc.
- For more information about the ADDP, visit www.addp-ucci.com.





TRICARE Costs TRICARE Dental Program (TDP)

Sponsor Status	Sponsor-Only	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	\$	\$	N/A
Selected Reserve	\$ 11.68	\$29.1 9	\$87.5 9	\$99.2 7
Individual Ready Reserve	\$29.1	\$29.1	\$87.5	\$116. 78

TRICARE Dental Program: www.tricare.mil/tdp





Using TRICARE's "I want to ..." Section

- Book appointments
- Find a doctor
- View referrals and prior authorizations
- Change your primary care manager (PCM)
- Enroll in or purchase a plan
- Manage prescriptions
- File or check a claim







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For Information and Assistance

Stateside Regional Contractors

TRICARE North Region

Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com

TRICARE South Region

Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com

TRICARE West Region

UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com

General Contact Information

TRICARE Web Site: www.tricare.mil

Contacts: www.tricare.mil/contactus

Reserve and Service Member Support Office,

Great Lakes: www.tricare.mil/mmso

Overseas Regional Contractor

International SOS Assistance, Inc. www.tricare-overseas.com

Eurasia-Africa:

+44-20-8762-8384 (overseas) 1-877-678-1207 (stateside)

Latin America & Canada:

+1-215-942-8393 (overseas) 1-877-451-8659 (stateside)

Pacific:

Singapore: +65-6339-2676 (overseas)

1-877-678-1208 (stateside)

Sydney: +61-2-9273-2710 (overseas)

1-877-678-1209 (stateside)

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www.tricare.mil/media



